Case 19-28370-JNP Doc 73 Filed 05/30/23 Entered 05/30/23 10:24:45 Desc Mair Document Page 1 of 3

Fill in this information t	to identify your case:	
Debtor 1	Justice Watts	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: DISTRICT OF NEW JERSEY	
	-28370	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment					
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed		■ Employed	
	attach a separate page with information about additional	Employment status	☐ Not employe	ed	☐ Not employed	
	employers. Include part-time, seasonal, or	Occupation	Self-Employe Services)	ed (Freight	Realtor	
	self-employed work.	Employer's name	<u>Oct vices</u>			
	Occupation may include student or homemaker, if it applies.	Employer's address				
		How long employed th	ere? <u>13 Y</u>	ears	4 Years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1	For Deb non-filir	tor 2 or ng spouse
2.	\$	0.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	Justice Watts		C	Case number (if kr	own)	19-2	8370		
			-							
					For Debtor 1			Debtor		
								-filing s	pouse	
	Сор	y line 4 here	4.		\$	0.00	\$_		0.00	_
_	1:-4	all narmall de directions.								
5.	LIST	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a			0.00	\$		0.00	_
	5b.	Mandatory contributions for retirement plans	5b	١.	\$C	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$C	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d	l.	\$C	0.00	\$		0.00	_
	5e.	Insurance	5e).	\$ 0	.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$ 0	0.00	\$		0.00	
	5g.	Union dues	5g	J.	\$ 0	0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	1.+	\$ 0	0.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 0	0.00	\$		0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ C	0.00	\$		0.00	_
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	90		\$ 8.916	46	¢		0.00	
	8b.	Interest and dividends	8a 8b				\$_ \$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent			Ψ	0.00	Ψ_		0.00	_
	oc.	regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c		\$ 0	.00	\$		0.00	
	8d.	Unemployment compensation	8d	l.	\$ 0	0.00	\$		0.00	_
	8e.	Social Security	8e	.	\$ 0	0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive								_
		Include cash assistance and the value (if known) of any non-cash assistance)							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	.00	\$		0.00	
	8g.	Pension or retirement income	— 8g		·	0.00	\$ -		0.00	_
	8h.	Other monthly income. Specify:	8h			0.00			0.00	_
	OII.	Cuter monthly medine: openity.	_ 011	···	Ψ		΄,Ψ_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	8,916	5.16	\$		0.0	0
				L						
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	8,916.16	+ \$		0.00	= \$	8,916.16
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	0,010110	* -		0.00	-	0,010110
11		e all other regular contributions to the expenses that you list in Schedule	. ,							
		ide contributions from an unmarried partner, members of your household, your		ende	ents, vour room	mate:	s. and			
		r friends or relatives.	шоро	,,,,,,	, , , , , , , , , , , , , , , , , , ,		o, aa			
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expens	es lis	ted in S	Schedule	. J.	
	Spe	cify:						11.	+\$	0.00
								1		
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certai						.		
	appl		III LIA	DIIIL	ies and Related	Date	a, II II	12.	\$	8,916.16
	иррі							l		
									Combi	ned ly income
13.	Dον	you expect an increase or decrease within the year after you file this form	?						viiuli	y moonie
		No.								
		Yes. Explain:								

Case 19-28370-JNP Doc 73 Filed 05/30/23 Entered 05/30/23 10:24:45 Desc Main Document Page 3 of 3

Fill in this infor	mation to identify your	case:		
Debtor 1	Justice Watts			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
_	19-28370			
(if known)				■ Check if this
				amended fil

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who i	s NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Justice Watts Justice Watts Signature of Debtor 1	E read the summary and schedules filed with this declaration and X Signature of Debtor 2